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Policy Number 5.1 Eligibility Guidelines Revised/Effective Date: October 1, 2012

Title: Eligibility Guidelines

Purpose

To ensure Local Agencies apply current eligibility requirements to all WIC applicants.

Authority

State Policy; 7 CFR 246.7; PL 103-448; USDA Policy MPSF-1: WC-95-34-P; ARM 46.10.321; ARM 46.12.3401; 42 CFR 435.301; Americans with Disabilities Act

Policy

The applicant must meet categorical, identity, residency, financial and nutritional eligibility criteria.

I. Categorical Eligibility

A. Women

- 1. During pregnancy and up to six weeks following termination of pregnancy.
- 2. Breastfeeding up to the end of the month of their infant's first birthday.
- 3. Non-breastfeeding postpartum women, regardless of how the pregnancy ended, up to the end of the month of 6 months postpartum.
- B. Infants up to the end of the month of their first birthday.
- C. Children up to the end of the month of their fifth birthday.

II. Dates of Contact

- A. Pregnant women will be notified of their eligibility status within 10 days of the date of the first request for program benefits.
 - 1. Local WIC clinics may receive extension of the notification period to a maximum of 15 days upon written request to the State WIC Office.
 - a. Request will include a justification.
 - Each local agency will attempt to contact each pregnant woman who
 misses her first appointment to apply for participation in the program in
 order to reschedule the appointment.
- B. Migrant farm workers will be notified of their eligibility status within 10 days of the date of the first request for program benefits.

- Local WIC clinics may receive extension of the notification period to a maximum of 15 days upon written request to the State WIC Office.
 - a. Request will include a justification.
- C. All other applicant's will be notified within 20 days.

III. Identification

- A. Identity will be documented and scanned for each applicant at initial certification.
- B. Identity will be reviewed at all visits.
 - Visual personal recognition by WIC staff at benefit issuance or subcertifications may be allowed once initial proof of identity has been documented.
- C. Identity for authorized representatives/proxies will be documented and scanned at the time of benefit pick up.
- D. Proof of identity only needs to be rescanned if a participant or authorized representative/proxy's name has changed.
 - 1. Documents to be used for identification include:
 - a. Driver's License
 - b. Birth Certificate
 - c. Passport
 - d. Green Card
 - e. Social Security Card
 - f. Social Services Card (HMK Plus, SNAP or TANF)
 - g. Tribal ID Card or Tribal Enrollment Letter
 - Crib Card (May be used as temporary identification for one month until birth certificate or social security card has been received by participant).
 - i. Immunization Card
 - i. School or work ID Card
 - k. Pay Stubs
 - I. Voter Registration Card
 - m. Health Benefits (Insurance Card)

- E. If the applicant has the required documentation but fails to bring it, the applicant should not be provided services but asked to return with the required information.
- F. An applicant with no proof of identity, such as a victim of theft, loss, or disaster; a homeless individual; a migrant worker or a person holding a VOC card, will sign a copy of the Montana WIC Program Proof of Residency/Identity Form. Scan the form into the participant's folder and issue one month of benefits.
 - a. At each subsequent appointment attempt to obtain proof of identity from the participant and document follow-up as needed.

IV. Residency

A. Geographic Area

- 1. Applicants applying for Montana WIC will live in Montana and receive services in the region in which they reside with the following exceptions:
 - a. In the case of Reservations or regions overlapping, participants may choose the location for their WIC services.
 - b. In the event a participant resides in one Montana WIC Program region and works or receives their healthcare in another, the participants may choose to receive WIC services in either location under the following conditions:
 - c. The local WIC clinic in the chosen Montana WIC region has a slot available and agrees to serve them.
 - d. If local WIC clinics have been instructed to implement waiting lists, participants will receive WIC services in the Montana WIC region in which they reside.
 - e. In the event a participant resides in another State served by that State's WIC Program and works or receives their healthcare in Montana or whose location is physically nearer to WIC services in Montana the participant may choose to receive WIC services in either location under the following conditions:
 - f. If the local Montana WIC clinic chosen has a slot available and agrees to serve them.
 - g. If the local Montana WIC clinic has been instructed to implement waiting lists, participants will receive WIC services in the State in which they reside.
 - 1. Justification will be documented in the participant's folder.

B. Residency Documentation

- Residency will be documented and scanned in the applicant's/participant's folder at initial certification. Proof of residency will show the physical address where the applicant currently lives/resides and will match the physical address listed in the applicant's/participant's folder.
- 2. Proof of residency needs to be re-verified/rescanned only if participant's physical address has changed.
 - a. Delete previously scanned residency documentation.
- 3. Documentation of residency will be a:
 - a. Utility bill which includes any service connected to the participant/applicant's physical address. (i.e. cable bill, landline phone bill, propane gas bill, energy bill, water bill, garbage bill, internet bill, etc.) The service address of the bill must be scanned into the folder.
 - b. Monthly rent payment receipt
 - c. Landlord statement/rental agreement
 - d. Mortgage statement
 - e. Document from the County/City Address Coordinator or other authorized designee
 - f. If none of the above can be obtained a 3rd party verifier may be used.
 - g. A 3rd party verifier is defined as a note from a reliable source who can verify where an applicant/participant lives who is not a WIC staff member.
- 4. If the applicant has the required documentation but fails to bring it, the applicant should not be provided services but asked to return with the required information.
- C. An applicant with no proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant worker, or a person holding a VOC card will sign a copy of the Montana WIC Program <u>Proof of Residency/Identity</u> <u>Form</u>. Scan the form into the participant's folder and issue one month of benefits.
 - 1. At each subsequent appointment follow-up is required on the participant's residency situation. Document follow-up in the participant's folder.
 - a. The <u>Proof of Residency/Identity Form</u> can be used for more than one month if the homeless or migrant participant is in a semi-permanent living situation.

b. Benefits can be issued for more than one month if applicable.

Special Residency Circumstances:

Military: No special circumstance.

Migrant Worker:

- A fixed address is not an eligibility criterion for participating in the Montana WIC Program.
- The migrant's place of employment can be used as a physical address.
- The local WIC clinic's address can be used for physical address if no other information is available.

Homeless/Institutions:

- A homeless individual is defined as a man, woman, infant or child lacking a fixed and regular nighttime residence, staying in a temporary shelter, temporarily living with others in their residence (not to exceed 365 days) or staying in a place not designated as a regular sleeping accommodation.
- A fixed address is not an eligibility criterion for participating in the Montana WIC Program
- The local WIC clinic's address can be used for physical address if no other information is available.
- Homelessness or an institution living condition includes:
 - A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - Temporary accommodation in the residence.
 - A facility that provides temporary residence for individuals intended to be institutionalized.
 - A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or shelter for victims of domestic violence) designed to provide temporary living accommodations.
- In order for residents in a Montana WIC approved homeless shelter or institution to qualify for WIC benefits the facility will comply with the following conditions:
 - The facility does not accrue financial or in kind benefit from a person's participation in the WIC Program (i.e. by reducing its expenditures for food service because its residents are receiving WIC foods).

- Foods provided by the WIC Program are not incorporated into a communal food service, but are available exclusively to the WIC participant for whom they were issued.
- The facility places no constraints on the ability of the participant to partake in the supplemental food and nutrition education available under the WIC Program requirements.
- Local agencies will request a signed statement that the facility meets the criteria in this policy and keep this statement on file for monitoring purposes. See Homeless Facility Statement.

Foster Child:

- In order to serve a foster child, a local WIC clinic will have documentation of the placement of the child in foster care whether the child is in the care of a foster parent, protective services, or child welfare authorities.
- A foster parent is defined as an individual who is assigned temporary custody recognized by state or tribal authority.

Native Americans living on Reservations: No special circumstance.

Adopted Child: No special circumstance.

Alimony/Child Support: No special circumstance.

Emancipated Minor: No special circumstance.

V. Income Eligibility

A. Guidelines

WIC Income Guidelines are implemented in conjunction with Medicaid Income Guidelines. Use the following table to determine WIC income eligibility.

If family size (including unborn) is:*	Annual	Monthly	2 x Monthly	Bi- Weekly	Weekly
1	\$20,665	\$1,723	\$862	\$795	\$398
2	\$27,991	\$2,333	\$1,167	\$1,077	\$539
3	\$35,317	\$2,944	\$1,472	\$1,359	\$680
4	\$42,643	\$3,554	\$1,777	\$1,641	\$821
5	\$49,969	\$4,165	\$2,083	\$1,922	\$961
6	\$57,295	\$4,775	\$2,388	\$2,204	\$1,102
7	\$64,621	\$5,386	\$2,693	\$2,486	\$1,243
8	\$71,947	\$5,996	\$2,998	\$2,768	\$1,384
Additional Family Members Add	\$7,326	\$611	\$306	\$282	\$141

- * If a pregnant woman does not meet the traditional income standard, her eligibility will be assessed using a household size increased by one, or the number of expected unborn(s) during the pregnancy in question. The unborn(s) will not be added to the household size when a household is income eligible without counting the unborn(s).
- * In situations where the household size has been increased for a pregnant woman, the same increased household size will also be used for any of her categorically eligible family members.
- * Local WIC clinic staff may not implement this policy in individual cases where increasing a pregnant woman's household size conflicts with cultural, personal or religious beliefs of the applicant/participant.
- * When determining household size, students away at college may be counted.
- * Joint custody household determination will be based on caregiver present at time of certification.

B. Income Determination

- 1. A household is defined as all persons, related or unrelated, living together in the same dwelling and sharing financial resources and costs, with the exception of foster children.
 - a. It is entirely possible for two separate households to reside under the same roof, although the determination of such is usually not clear cut. These situations should be handled on a case-by-case basis.

- 2. Income is defined as the gross cash income before deductions for the household (i.e. income taxes, employee's social security taxes, insurance premiums, bonds, etc.) and includes the following:
 - Monetary compensation for services, including wages, salary, commissions, or fees
 - b. Net benefits
 - c. Dividends or interest on savings or bonds
 - d. Income from estates, trusts, or net rental income
 - e. Public assistance or welfare payments
 - f. Unemployment compensation
 - g. Pensions, Veteran's payments or annuities
 - h. Alimony or child support payments
 - i. A regular contribution from person's not living in the household
 - j. Net royalties and other cash income including, but not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts and other resources which are readily available to the household
- 3. All household income will be documented and scanned in the applicant's/participant's folder. Clarify at each certification.
- Income documentation can be:
 - a. Payroll check stubs minimum of 1 month
 - b. Tax returns
 - c. Adjunctively Eligible programs
 - 1. Temporary Assistance for Needy Families (TANF)
 - d. Supplemental Nutrition Assistance Program (SNAP formerly Food Stamps)
 - 1. Healthy Montana Kids Plus and Medicaid
 - 2. Food Distribution Program on Indian Reservations (FDPIR)
 - 3. School Lunch Program (free and reduced price meals)

- e. Award letter from unemployment
- f. Award letter from Social Security Income
- g. Lump sum payments when put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income
- 5. Use either the household's current income or average income over the past 12 months, whichever is the best indicator of the household's current status.
 - a. Current income is defined as income received during the month prior to certification or sub-certification.
 - b. For example: A household's current income is above 185% of poverty; however, the average income over the past 12 months is below the 185% of poverty. Therefore, the household is income eligible based on the average income if the average income is reflective of their current status. Seasonal or construction workers may meet this situation.
- 6. Report each household income source separately as a monthly, bimonthly, bi-weekly, weekly, or hourly wage and the system will calculate the annual amount.
- 7. Income can be used for other household member certifications for up to 60 days with no further documentation.
 - a. The exception to the 60-day income documentation allowance is when an applicant/participant uses a Medicaid card as income documentation. Clinic staff will verify Medicaid adjunctive eligibility for the month of certification/sub-certification.

C. Self-Employment Income

- 1. Self-employed persons i.e. farmers/ranchers; may use last year's income as a basis to project their current year's net income unless the current net income provides a more accurate measure.
 - a. Documentation will be a current income tax form or business books.
- 2. Self-employed persons are credited with net income rather than gross income.
 - a. Net income is determined by subtracting business expenses from gross receipts.
 - b. Gross receipts include the total income from goods sold or services rendered by the business.

- Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid and business taxes (not personal, federal, state, or local income taxes).
- 3. Net income for self-employed farmers/ranchers is figured by subtracting the operating expenses from gross receipts.
 - a. Gross receipts can also include the value of all products sold, money received from the rental of farm land, buildings or equipment to others; and incidental receipts from the sale of items such as wood, sand or gravel.
 - b. Operating expenses include cost of feed, fertilizer, seed and other farming/ranching supplies, cash wages paid to farm/ranch hands, depreciation charges, cash rent, interest on farm/ranch mortgage, farm building repairs, and farm taxes (but not federal, state or local income taxes).
- 4. For a household with income from wages and self-employment, each amount will be listed separately. If there is a business loss, income from wages will not be reduced by the amount of the business loss.
- 5. If income from self-employment is negative, it will be listed as zero income.
 - a. Complete the <u>Negative Income Statement</u> and scan it into the applicant's/participant's folder along with supporting documentation (i.e. taxes).

D. Seasonal Income

1. Seasonal income is determined by averaging a yearly amount (i.e. if the applicant/participant works five months of the year, the gross amount would be divided by twelve to obtain a monthly average).

E. Zero Income

- 1. A household is defined as all persons, related or unrelated, living together in the same dwelling and sharing financial resources and costs, with the exception of foster children.
 - a. It is entirely possible for two separate households to reside under the same roof, although the determination of such is usually not clear cut. These situations should be handled on a case-by-case basis.

- 2. Ask the following questions and document responses on the <u>Zero Income</u> <u>Form</u> for anyone declaring zero income:
 - a. Who pays for housing?
 - b. Who pays for food?
 - c. Who pays for utilities?
- Anyone with zero income will be referred to all appropriate assistance agencies in the area and that referral will be documented in the applicant's/participant's folder.
- 4. Local WIC staffs are to scan the <u>Zero Income Form</u> into all applicable household members' folder and issue only one month of benefits. The following month, check the participant's income eligibility again. (They possibly have income, are adjunctively eligible or are now living in a household for which income will be checked).
- 5. If they continue to have zero income, an additional Zero Income Form will be completed and scanned into the applicant's/participant's folder.

F. Presumptive Eligibility

- 1. One month proof pending is allowed with proper documentation completed by a qualified presumptive eligibility provider.
 - a. Scan completed documentation into the applicant/participant folder

G. Adjunctive Eligibility

- 1. Adjunctive eligibility is defined as automatic income eligibility for applicants/participants who report they are enrolled in a qualifying State or Federal program in Montana.
 - a. Proof will be verified using SIS or proper documentation for the month of application.
 - b. Programs providing adjunctive eligibility include:
 - c. Supplemental Nutrition Assistance Program (SNAP formerly Food Stamps)
 - 1. Temporary Assistance for Needy Families (TANF)
 - 2. Healthy Montana Kids Plus and Medicaid
 - 3. Food Distribution Program on Indian Reservations (FDPIR)
 - 4. School Lunch Program (free and reduced price meals)

- 2. Search and Inquiry System (SIS)
 - a. Procedures for WIC clinics to access the SIS are found in the <u>SIS</u> Quick Guide.
 - b. Clinic staff will document the results from the SIS for SNAP, TANF, HMK Plus, and Montana Medicaid as "System Verification."
 - c. If applying one household member to determine adjunctive eligibility for the entire household, all family member's state WIC IDs will be entered under this person in SIS.
- 3. Applicants/participants using adjunctive eligibility do not need to provide additional income proof.
 - a. They do need to self-declare their income status to be recorded as part of the certification process.

SNAP or TANF

- a. If the applicant/participant, or a member of the household, is eligible to receive SNAP or TANF and their current eligibility status is YES, they will be determined income eligible.
- b. If applying one household member to determine adjunctive eligibility for the entire household, all family member's state WIC IDs will be entered under this person in SIS.
- 5. Healthy Montana Kids Plus and/or Montana Medicaid
 - a. If the applicant/participant is a pregnant woman or an infant and they are currently Medicaid eligible, any household member applying for WIC will be determined income eligible.
 - b. If applying one household member to determine adjunctive eligibility for the entire household, all family member's state WIC IDs will be entered under this person in SIS.
 - c. If the applicant/participant is a breastfeeding woman, postpartum woman or child and their current Medicaid eligibility status is YES, only they will be determined income eligible.
- Applicants/participants found adjunctively eligible do not lose their WIC eligibility upon cessation of benefits from TANF, SNAP, or HMK Plus/Medicaid. A decision about the applicant's/participant's continuing WIC eligibility will be based upon a reassessment of the household size and income.

H. Income Not Counted

- 1. Income not to be reported or counted in the determination of a household's eligibility includes:
 - a. Any cash income or value of benefits a household receives from any Federal program that excludes such income by legislative prohibition, such as the value of SNAP benefits.
 - b. Any subsidy a household receives through the prescription drug discount card program.
 - c. Student financial assistance, such as grants and scholarships, provided for the costs of attendance at an educational institution received from any program funded in whole or part under Title IV of the Higher Education Act of 1965.
 - 1. Pell Grant
 - 2. Supplemental Educational Opportunity Grant
 - 3. State Student Incentive Grants
 - 4. National Direct Student Loan
 - 5. PLUS Parent Loan for Undergraduate Students
 - 6. College Work Study
 - 7. Byrd Honor Scholarship
 - d. Loans, such as bank loans or private student loans, since these funds are only temporarily available and must be repaid.
 - e. Income received under the National Flood Insurance Program (NFIP).
 - f. Funds the Department of Defense is providing to certain members of the Armed Forces and their household through the Family Subsistence Supplemental Allowance (FSSA).
 - g. The value of in-kind compensation, such as military on-base housing, or any other non-cash benefit. (Military cash housing is not counted as income, but other military benefits received in cash, such as food or clothing allowances are).
 - h. Occasional earnings received on an irregular basis (i.e. not reoccurring, such as payment for occasional babysitting or mowing lawns).
 - i. If overtime is regularly relied upon it will be counted as income. If it is infrequent it does not count.

- j. Earned Income Tax Credit funds received by a member of the household, whether received throughout the year or as a lump sum.
- k. Large cash settlements (i.e. funds provided as compensation for a loss that must be replaced, payment from an insurance company for fire damage to a house).

Special Income Circumstances:

Military:

- Income to be included/excluded See Attachment Passport to Military Income.
 - In temporary care
 - Local WIC staffs may be confronted with household composition changes in which military family members are deployed overseas or are temporarily absent from the home. This may cause military dependents to be in the temporary care of friends or relatives. The most important rule to apply to all applicants, including minors, is that this particular household will have its own source of income.
 - Situation 1: Count the absent parent(s) and the child(ren) together as the household and use parent(s) income.
 - Situation 2: Count the child(ren) and/or remaining parent as its own household. This household would have its own source of income (i.e. the dependent's allotment and/or at home parent's income). If this income is not able to sustain the household and the household is living with other relatives or friends please use Situation 3.
 - Situation 3: Consider the child(ren) to be part of the household in which the person(s) are residing (i.e. grandparents).

Migrant Worker:

- Income verification located on a VOC can be used to satisfy the income requirement, even if the VOC is expired, as long as the income verification was performed in the last 12 months.
 - o In the instance of an expired VOC, a certification would need to be completed.

Homeless/Institutions:

- Income documentation is not required in homeless situations where obtaining documentation would present an unreasonable barrier to service. Homeless individuals can self-declare their income if accompanied by a signed statement of explanation.
- A household is defined as all persons, related or unrelated, living together in the same dwelling and sharing financial resources and costs, with the exception of foster children. It is entirely possible for two separate households to reside under the same roof, although the determination of such is usually not clear cut. These situations should be handled on a case-by-case basis.

Foster Child:

- A foster child is a household of one and the income determination is based solely on the foster child's income.
 - Income includes funds provided by the Human Services Agency which are specifically identified by category for the personal use of the child.
 - Other funds received by the child, such as money which may be provided by the child's family will be counted as income.
- A foster child is not included in the foster parents' household nor is income received for the foster child's care counted in the foster parents' household income.
- If a foster child is returned to his/her birth family, an income eligibility evaluation will be completed based on the household income.

Native Americans living on Reservations:

- A "Native American household" is defined as a household containing at least one enrolled tribal member.
- Documentation of the household member's enrollment will be scanned into the applicant's/participant's folder.
- Applicants/participants using tribal enrollment as income verification may self-declare their income.
- Each Reservation WIC Program will verify income eligibility of any Native American applicant/participant and record the correct income amount.
- Failure to present affiliate tribal ID will require applicant/participant to present standard income documentation.

Students: No special circumstances.

Adopted Child:

- When a child has been placed in a permanent home, the child is considered a member of that household.
- If child's adoption is pending, the child is still considered a member of that household.

Alimony/Child Support:

- Any money received by a household in the form of alimony or child support is considered as income to the receiving household.
- Any money paid out for alimony or child support may not be deducted from that household's reported gross income.

Emancipated Minor:

- A minor living alone and without economic support from other persons or living with relatives or friends but as a separate household is considered to be a household of one.
- If the household is one household (all persons living together in the same dwelling and sharing financial resources and costs) all income and household members will be included to determine income eligibility.

V. Nutrition Eligibility Determination

- A. The Competent Professional Authority, CPA, evaluates and analyzes the applicant's nutrition and medical information and identifies nutrition risks.
- B. Category appropriate VENA questions will be completed with the participant or parent/guardian and evaluated by the CPA.
- C. Infant/child growth grids and women's prenatal weight gain grids will be assessed and reviewed with the participant or parent/guardian.
- D. Hematological testing will be conducted and recorded as categorically appropriate.
- E. The CPA will assign the participant a priority and inform the participant or parent/guardian of the nutrition risk(s) which qualify her/him for the program.
 - 1. All applicants will be assigned at least one nutrition risk to be eligible to receive WIC benefits.
- F. Once eligibility has been determined, a nutrition care plan will be developed and initial nutrition education contact will be provided.

Policy Number 5.2 Certification Procedures Revised/Effective Date: October 1, 2012

Title: Certification Procedures

Purpose

To provide guidance for local agencies to apply appropriate certification procedures based on applicant's category.

Authority

State Policy; 37-25.101, MCA; 7 CFR 246.7; Americans with Disabilities Act

Policy

Local agencies assess applicants for WIC eligibility and issue program benefits. All aspects of verification must be completed before WIC benefits are issued.

I. Certification Periods

At the time of the certification if the participant's category is:	The Certification Period is:
Pregnant Woman	During pregnancy and up to six weeks following termination of pregnancy.
Breastfeeding Woman	Up to the end of the month of their infant's first birthday.
Non-Breastfeeding Postpartum Woman	Regardless of how the pregnancy ended, up to the end of the sixth month postpartum.
Infant younger than 6 months	Up to the end of the month of their first birthday.
Infant older than 6 months	Up to end of the month of the six months (may be certified beyond first birthday).
Child	Intervals of twelve months, up to the end of the month of their fifth birthday.

II. Demographics

A. Physical Presence

- 1. Applicant/participant will be physically present at certification and subcertification.
- 2. Exception may be made for the following medical reasons:
 - a. Use of medical equipment that is not easily transportable.
 - b. Confinement to bed rest.
 - c. A serious illness which may be exacerbated by coming into the clinic.

3. Exception Documentation

- a. Signed and dated documentation of the medical condition from a healthcare provider will be required.
- b. Documentation is only applicable to the certification period for which it was provided. Local agencies will scan a copy of the documentation provided into the applicant/participant record.
- 4. Regardless of physical presence, all other certification requirements will be met.

B. Voter Registration

- 1. Local WIC staff will ensure age-appropriate participants are asked if they are interested in registering to vote.
- 2. If the participant is not registered to vote and wishes to do so, WIC will assist the applicant in completing and mailing the Voter Registration Form.
- 3. Local WIC staff will then mark the participant's response in the appropriate "Register to Vote" dropdown.

III. Height and Weight

A. Valid Date for Data

- 1. Whenever possible, current height/length and weights will be taken and utilized by local WIC staff.
- 2. Height/length and weight data received from a source other than WIC will be in writing, signed and dated by the healthcare provider and scanned into the participant's folder.
 - a. Data up to 60 days old may be used for certification or subcertification.

B. Proper anthropometric techniques

- 1. Maintenance and Calibration
 - a. Maintenance will be done on a daily basis.
 - 1. Zero scales.
 - 2. Check scales and length boards/stadiometers for accuracy and stability.
 - b. Calibration will be done on a monthly basis.
 - 1. Scales will be tested with standard weights.
 - 2. Movable scales/length boards/stadiometers will be calibrated after each time the scale is moved.
 - 3. Length boards/stadiometers will be checked with standard length rods or a metal tape measure.

2. Equipment

- a. Scales
 - 1. The scale will be durable, accurate, and safe.
 - 2. The scale will have no sharp edges and a large enough tray to adequately support an infant or young child who weighs up to 40 pounds or a large enough platform to support for the individual being weighed.
 - a. The scale will weigh in less than 1/4 pound increments.
 - 3. The scale will be zeroed easily without weight and features that enable calibration.
- b. Length boards/Stadiometers
 - 1. Length boards for infants will be sturdy, easily cleaned and specific to their purpose.
 - 2. The length board will have an immovable headpiece at a right angle to the tape, and a smoothly moveable foot piece, perpendicular to the tape.
 - 3. The stadiometer will have a vertical board with an attached metric rule and a horizontal headpiece that can be brought into contact with the most superior part of the head.

- 4. The length board/stadiometer will have a firm, flat horizontal surface with a measuring tape in 1/8 inch increments.
- 3. Technique for measuring weight
 - a. Infants up to 36 months will be weighed nude or with a clean diaper on; shoes will be removed.
 - b. Children will be weighted without shoes.
 - c. Center the infant on the scale tray.
 - d. Weigh to the nearest 1/2 ounce.
 - e. An alternative measurement technique can be used if needed.
 - 1. Have the parent/guardian stand on the scale, zero the scale, then have the parent hold the infant and read the infant's weight.
- 4. Technique for measuring length
 - a. Measure infants younger than 24 months of age or children aged 24 to 36 months who cannot stand unassisted in the recumbent position.
 - b. Shoes will be removed and hair ornaments will be removed from the top of the head.
 - c. The infant/child should be placed on his back in the center of the length board so that the child is lying straight and his shoulders and buttocks are flat against the measuring surface. The child's eyes should be looking straight up. Both legs should be fully extended and the toes should be pointing upward with feet flat against the foot piece.
 - d. One measurer holds the infant's head gently cupping the infant's ears, with the infant looking vertically upward and the crown of the head in contact with the headpiece. Make sure the infant's chin is not tucked in against his chest or stretched too far back.
 - e. The measurer aligns the infant's trunk and legs, extends both legs, and brings the foot piece firmly against both heels. The measurer places one hand on the infant's knees to maintain full extension of the legs.
 - f. If a child can stand unassisted and follow directions for proper positioning, a stature measure will be taken.
 - g. The child or adolescent should stand on the footplate of the stadiometer without shoes. The individual is positioned with heels

close together, legs straight, arms at sides, shoulders relaxed. Ask the child to inhale deeply and to stand fully erect without altering the position of the heels. Make sure that the heels do not rise off the foot plate.

- h. Lower the perpendicular headpiece snugly to the crown of the head with sufficient pressure to compress the hair. To ensure an accurate reading, the measurer's eyes should be parallel with the headpiece.
- i. Measure to the nearest 1/8 inch.

C. Women

- 1. At certification, the height and weight will be reflective of a woman's current category.
 - a. Upon category change a woman will need to be reweighed.

D. Infants

- 1. Length and weight will be taken at certification.
- 2. Length and weight will be monitored at a minimum of every two months for the first six months of life.
- 3. Beyond the first six months of life, if growth is consistent, growth will be monitored at least every three months.
- 4. If a nutrition risk code (103, 113, 114, 121, 134, 135, 141, 142, and 151) indicating a current/potential growth concern is documented and growth has not been consistent, length and weight will be monitored at least every two months or until consistent.

E. Children

- 1. Height and weight will be taken at certification.
- 2. If a nutrition risk code (103, 113, 114, 121, 134, 135, 141, 142, and 151) indicating a current/potential growth concern is documented and growth has not been consistent, height and weight will be monitored at least every three months or until consistent.

IV. Blood Screenings

- A. The hemoglobin test is a laboratory test to determine the concentration of hemoglobin in the blood. The HemoCue® system is the most common equipment used in the Montana WIC clinics. If investigating other methods of hematological screening, please contact the State Office.
 - 1. Follow the manufacturer's instructions for calibration, cleaning and maintenance for the HemoCue® device and cuvettes.

B. Valid Blood Screening Data

- 1. Please see Attachment <u>Blood Screening Procedures</u> for standard process.
- 2. Blood screenings received from a source other than WIC will be in writing, signed and dated by the provider and scanned into the participant's folder.
 - a. Data up to 60 days old may be used.
- Whenever possible current screenings will be taken and used by local WIC staff.

C. Women

- 1. All pregnant women will have documentation or will have a screening performed, at certification.
 - a. Data will reflect current categorical status.
- 2. Breastfeeding and postpartum women will have one screening after termination of pregnancy. (Best results tend to be between four to six weeks postpartum).
 - a. If this screening is missed, the woman will be screened before benefits are issued.
- 3. If screening is above the established cut-off value for anemia, no additional test is required.
- 4. If screening is at or below the established cut-off value for anemia, follow-up screening will be performed in the next one to two months or until hemoglobin status improves.
 - a. See Attachment Anemia Cut-Off Values.

D. Infants

- A screening will be performed at nine months of age for the following infants:
 - a. Premature infants.
 - b. Low birth weight infants.
 - c. An infant with special health care needs (i.e. Infants with chronic infections, inflammatory disorders, restricted diets, extensive blood loss, or who use medication that interferes with iron absorption).
- 2. All other infants will be screened between nine and twelve months of age.

- a. If this screening is missed, the infant will be screened before benefits are issued.
- 3. If an infant is applying for WIC and is nine months or older at certification, a screening will be performed.
- 4. If screening is above the established cut-off value for anemia, no additional test is required.
- 5. If screening is at or below the established cut-off value for anemia, follow-up screening will be performed in the next one to two months or until hemoglobin status improves.
 - a. See Attachment Anemia Cut-Off Values.

E. Children

- 1. A screening is required for all children at certification and sub-certification visits.
- 2. Children will have a mid-certification screening if their screening at certification was at or below the established cut-off value for anemia.
 - a. If this screening is missed, the child will be screened before benefits are issued.
- 3. If screening is above the established cut-off value for anemia at certification, no additional test is required.
- 4. If screening is at or below the established cut-off value for anemia, follow-up screening will be performed in the next one to two months or until hemoglobin status improves.
 - a. See Attachment Anemia Cut-Off Values.

F. Religious Exceptions

- Participants may refuse to have a screening performed due to religious beliefs.
 - a. The applicant/participant or parent/guardian will write, sign and date a statement of refusal to have the screening performed for religious reasons or sign such a statement written by WIC staff.
 - b. The statement of refusal will be obtained at each visit when a screening would normally occur.
 - c. This document will be scanned into the participant's folder.

V. Value Enhanced Nutrition Assessment

- A. Will be conducted with the participant or parent/guardian:
 - 1. Incorporate the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques.
 - 2. Address the participant's stated interests and concerns.
 - 3. Record current and accurate information.
 - 4. Meet the language and cultural preferences of the participant.
 - 5. Document discussion in the participant's folder.

VI. Risk Codes

- A. The CPA determines and indicates nutritional risk codes.
- B. The following be topics will be discussed and documented in the applicants/participants folder:
 - 1. Prenatal weight gain grid with plotted measurements.
 - 2. Infant/child growth grid with plotted measurements.
 - 3. Category/age appropriate VENA questions.
 - 4. Relevant historical medical information.
 - a. Prior diagnoses require an explanation.
- C. Self-report of a physician's diagnosis.
 - 1. Self-reporting of a diagnosis by a physician or other recognized medical authority should not be confused with self-diagnosis, where a person simply claims to have or have had a medical condition, without any reference to professional diagnosis of that condition.
 - a. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more probing questions related to the self-reported professional diagnosis, such as:
 - 1. Did a medical professional diagnose this condition?
 - 2. Is the condition being managed by a medical professional?
 - Can I please have the name and contact information for the medical professional to allow for communication? (and verification if necessary). See Attachment <u>Release of</u> <u>Information</u>.

- 4. Is the condition being controlled by diet, medication, or other therapy?
- 5. What types of medication, if any have been prescribed, are being taken to address the condition?
- 2. Self-reporting "history of..." conditions should be treated in the same manner as self-reporting for current conditions requiring a physician's diagnosis.
 - a. Self-diagnosis of a current or past condition should never be confused with self-reporting.
- 3. An example of self-reporting: Depression 361
 - a. If a post-partum woman reports that she is experiencing mood swings, feelings of sadness and sleep disturbances symptoms associated with postpartum depression she should not automatically be assigned the risk code 360 Depression. If, upon further questioning, the CPA determines the woman has been medically diagnosed and is being treated for depression, it is appropriate to assign risk code 361 Depression. In those instances, when with additional questioning it is determined that the condition has not been diagnosed by a medical provider the risk code may not be assigned.

Although a risk may not be assigned based on a self-diagnosis (without medical diagnosis) it is appropriate for WIC staff to provide referral services to participants who report having symptoms so that a medical provider can confirm or rule out the presence of a medical condition.

- D. Diagnosis for a medical condition requires a formal diagnosis from a physician, or alternatively, a person working under a physician's orders, this alternative is intended to be applied only to those persons working directly with the physician (i.e. physician's assistant).
 - This alternative is intended to facilitate access to referral data from private physicians, by permitting their nurses or physician's assistants to provide the necessary documentation without the WIC applicant having to spend the time or money for the actual physician to provide it.
 - Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.
- E. See Attachment Nutrition Risk Code Table.
- F. See Attachment High-Risk Code Table.

VII. Referrals

- A. Each applicant/participant will be assigned at least one referral.
 - 1. Once all appropriate referrals have been exhausted, no further referrals are required.
- B. Use the following table to refer families to Healthy Montana Kids Plus and Medicaid (This figure is an example only. Medicaid income determinations are calculated differently than those for WIC).

If family size is:	The monthly gross for children under age 6	The monthly gross for pregnant women
1	\$20,147	\$1,679
2	\$27,214	\$2,268
3	\$34,281	\$2,857
4	\$41,348	\$3,446
5	\$48,415	\$4,035
6	\$55,482	\$4,624
7	\$62,549	\$5,213
8	\$69,616	\$5,802

C. Use the following table to refer families to Montana Healthy Kids.

HMK Income Chart Effective April 1, 2012		
Household Size	Annual Gross	
(Children and Adults)	Household Income	
2	\$37,825	
3	\$47,725	
4	\$57,625	
5	\$67,525	
6	\$77,425	
7	\$87, 325	
8	\$97, 225	
Some employment-related and child deductions apply.		

^{*}The HMK Income Chart is based on Federal guidelines that are adjusted every year. The HMK Income Chart is an accurate eligibility guide effective April1, 2012.

VIII. Core Nutrition Education

- A. Nutritional Eligibility Determination
 - 1. The nutrition assessment process is necessary to identify nutrition needs and interests in order to provide benefits that are responsive to the participant's wants and needs.

^{*}Children may be eligible for HMK even if income is higher than listed, depending on the number of household members working and dependent care paid.

- 2. At certification and sub-certification required topics will be discussed with the participant or parent/guardian and documented:
 - a. Purpose of WIC Program
 - b. Benefits of WIC
 - c. Nutrition Risk Codes
 - d. Avoiding Alcohol, Tobacco, Drugs
 - e. Rights and Responsibilities
 - f. For pregnant and breastfeeding women, Breastfeeding Infant Successfully

IX. Food Package

- A. Food packages are always assigned by the RD or CPA.
 - 1. The foods provided by the program is supplemental, it is not intended to provide all of the participant's daily food requirements.

X. SOAP

- A. A SOAP note is a comprehensive note written by the CPA.
 - 1. S Subjective
 - a. A summary of relevant information the participant tells you.
 - 2. O Objective
 - a. The measureable data including: height, weight, hemoglobin.
 - 3. A Assessment
 - a. An educated evaluation that includes consideration of both the subjective and objective information.
 - 4. P Plan
 - a. The steps that lead to achievement of the intended goal.
- B. The SOAP note is written to record and organize information in a way that clearly and concisely communicates the participant's situation.

XI. Benefit Issuance

A. Benefits should be issued upon determination of eligibility.

B. Issuance frequency is determined by the care plan.

Policy Number 5.3 Verification of Certifications (VOCs) Revised/Effective Date: October 1, 2012

Title: Verification of Certifications (VOCs)

Purpose

To provide guidance for local agencies to apply appropriate VOC/transfer procedures.

Authority

37-25.101, MCA; 7 CFR 246.7; 7 CFR 246

Policy

The Montana state WIC program will issue a VOC to each participant who is a member of a family in which there is a migrant farm worker or any other participant who is relocating during the certification period.

I. VOC Documentation

- A. Used for WIC participants transferring from one state to another or from an overseas program.
- B. Is equivalent to a WIC certification, and may be used until the end of the current certification period.
- C. If the Local Agency is at maximum caseload and has a waiting list for participation, transferring participants with a valid VOC will be placed ahead of all other applicants regardless of priority.

II. Issuance of VOC Documentation

- A. The local WIC clinic will issue VOC documents to all participants who intend to transfer out-of-state.
 - 1. One document is issued for each transferring participant.
- B. All VOC documentation contains the following:
 - 1. Name of the participant
 - 2. Date the certification was conducted
 - Date income eligibility was last determined
 - 4. Nutrition risk conditions of the participant

- a. Avoid the use of codes and thoroughly specify the nutritional risk conditions
- 5. Date the certification period expires
- 6. Signature and name of the certifying local agency official
- 7. Name and address of the certifying local agency

III. Acceptance of VOC Documentation

- A. The following information on the VOC Documentation is absolutely essential:
 - 1. Participant's name.
 - 2. Date the participant was certified.
 - 3. Date current certification expires.
- B. The VOC Documentation will be scanned into the applicant's/participant's folder.
- C. Identification and residency will be obtained for participants transferring from one state to another.
- D. All transferring participants need to bring income documentation to their next visit to ensure they remain income eligible.

IV. WIC Military Overseas Program

- A. Local WIC clinics will accept a valid WIC Overseas Program VOC document from the participant returning to the U.S. from an overseas assignment.
- B. All transferring participants need to bring income documentation to their next visit to ensure they remain income eligible.
- C. Local WIC clinics will issue VOC documentation to WIC participants affiliated with the military who will be transferred overseas.
 - 1. WIC clinics are not responsible for screening and determining eligibility for WIC Overseas Program eligibility.
 - a. Eligibility for the overseas program will be determined at the Overseas WIC site.

- 2. WIC participants issued VOC documentation when they transfer overseas will be instructed as follows:
 - a. There is no guarantee the WIC Overseas Program will be operational at the overseas site where they will be transferred.
 - b. By law, through the Department of Defense, only certain individuals are eligible for the WIC Overseas Program.
 - Issuance of WIC VOC Documentation does not guarantee continued eligibility and participation in the WIC Overseas Program.

V. Migrant Farm Workers

A. Issue VOC documentation to migrants upon certification.

VI. In-State Transfers

- A. Local WIC clinics that have a Montana WIC participant transfer into their program will have the participant show identification and new proof of residency.
 - 1. If identification has already been scanned into the participant's folder at the previous clinic there is no need to scan it in again.
 - 2. The updated proof of residency needs to be entered and scanned into the participant's folder.
- B. All transferring participants need to bring income documentation to their next visit to ensure they remain income eligible.

Policy Number 5.4 Notification of Ineligibility and End of Certification Revised/Effective Date: October 1, 2012

Title: Notification of Ineligibility and End of Certification

Purpose

To provide guidance to local agencies to apply appropriate notification of ineligibility and end of certification procedures.

Authority

37-25.101, MCA; 7 CFR 246.7

Policy

Participants found ineligible for the Montana WIC program during a certification visit will be advised in writing of their ineligibility. Each participant, parent or caregiver will be notified not less than 15 days before the expiration of each certification period, that certification for the program is about to expire.

I. Notification of Ineligibility

- A. An applicant/participant is determined ineligible for one of the following reasons:
 - 1. Does not meet the definition of categorical eligibility.
 - 2. Does not reside in Montana, or does not qualify as a special exception.
 - Applicant/participant does not meet income guidelines.
 - 4. Shows no nutritional risk.
- B. If applicant/participant is found ineligible:
 - 1. Applicants/participants will be informed of Fair Hearing procedures.
 - a. The following steps will generate the proper Notice of Ineligibility:
 - 1. Issue last set of benefits.
 - 2. Manually terminate participant.
 - In any circumstance of ineligibility always manually terminate the participant before exiting participant folder.

- b. If the non-automated <u>End of Certification/Notice of Ineligibility</u> <u>Form</u> is used, a copy will be scanned into the applicant's/participant's folder.
- 2. Local WIC clinics will provide information about other potential sources of local food assistance.
- C. Applicants/participants will be advised of ineligibility with an explanation.
 - During an active certification period, a 15-day advance written notice of ineligibility will be provided along with a food package to cover the 15-day time period.
 - Advise the participant of the date on which the current period of eligibility will expire.
 - If the participant has already received WIC benefits to the end of the 15 day notice time period, do not issue any subsequent benefits.

II. Notification of Certification End

- A. All participants will be issued the notice of certification end.
 - At least 15 days prior to their certification end date or when their last set of WIC benefits for the current certification are issued.
 - If the participant/proxy does not attend the last appointment which is at least 15 days prior to their certification end date, the <u>End of</u> Certification/Notice of <u>Ineligibility Form</u> will be mailed without benefits.
 - 3. If the automated form is used, it will show in the notes section and does not need to be scanned into the participant folder.
 - a. Issue last set of benefits.
 - b. Print Official Notification.
 - 4. If the non-automated End of Certification/Notice of Ineligibility Form is used, a copy will be scanned into the applicant's/participant's folder.